

This CONTINUATION Page With the Forms And Endorsements
Listed Below CONTINUES Your HOMEOWNERS POLICY.



INSURER: SENTINEL INSURANCE COMPANY, LTD
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

DECLARATIONS
DIMENSIONS

POLICY NO. 38 RBA747413

Named Insured and
RESIDENCE PREMISES

SMITH, JOE & JAMIE
5707 E 114TH PL
TULSA

OK 74137

Policy Period 12:01 A.M. Standard Time
at the Residence Premises →

FROM 11-15-08 TO 11-15-09 TERM: 1 YEAR

Producer Name: JOE WEST COMPANY

CODE: 380656

TOTAL POLICY PREMIUM: \$ 3,954.00

COVERAGE IS PROVIDED WHERE A LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES

LIMIT OF LIABILITY

SECTION I

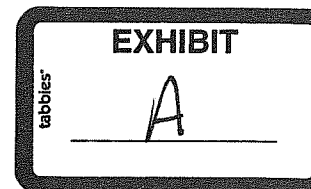
A. DWELLING	\$ 640,000
B. OTHER STRUCTURES	\$ 64,000
C. PERSONAL PROPERTY	\$ 480,000
D. LOSS OF USE	\$ 192,000

SECTION II

E. PERSONAL LIABILITY: EACH OCCURRENCE	\$ 800,000*
F. MEDICAL PAYMENTS TO OTHERS: EACH PERSON	\$ 5,000

DEDUCTIBLE - SECTION I: WE COVER ONLY THAT PART OF A LOSS OVER \$ 1000

RATING INFORMATION: 1 FAMILY MASONRY DWELLING BUILT IN 1993
STATE 35 TERR. 33 PROTECTION CLASS 3
FIRE PROTECTION PROVIDER TULSA
WITHIN 500 FEET OF A FIRE HYDRANT AND WITHIN 1 MILE OF A FIRE STATION
INSIDE CITY LIMITS PREMIUM GROUP 1.10



COUNTERSIGNED BY JOE WEST COMPANY ----- AUTHORIZED AGENT

-----CONTINUED ON PAGE 2-

DECLARATIONS (CONTINUED)

POLICY NO. 38 RBA747413

NAMED INSURED: SMITH,JOE & JAMIE

FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

(ENTRIES ON ENDORSEMENTS MAY BE LEFT BLANK IF SHOWN ELSEWHERE IN THE POLICY)

HO 00 05	10 00	COMPREHENSIVE FORM	BASIC PREMIUM \$	4,847.00
HW 01 22	01 08	SPECIAL PROVISIONS OK RC ROOF CVG	PREMIUM	NIL
HO 03 45	12 02	OKLAHOMA NOTICE	PREMIUM	NIL
HW 01 04	06 03	HOMEOWNERS POLICY POLLUTION EXCLUSION	PREMIUM	NIL
HW 01 03	06 03	AMENDATORY ENDORSEMENT	PREMIUM	NIL
HO 04 96	10 00	NO SECT II COV-HOME DAY CARE BUSINESS	PREMIUM	NIL
HW 05 59	07 07	WATER BACKUP AND SUMP PUMP OVERFLOW	PREMIUM \$	50.00
HW 04 08	06 03	SENTINEL PLATINUM COVERAGE	PREMIUM	INCLUDED
		THE PERS LIAB LMT INCLUDES AN INCR OF \$300,000 *		
		THE MED PAY LMT INCLUDES AN INCR OF \$ 4,000 *		
		HO 04 90 PERSONAL PROPERTY REPLACEMENT COST		
		HW 04 11 ADDITIONAL LMTS LIABILITY-COV A,B,C,D CAP1.25		
		HO 04 53 CREDIT CARD INCR LIMITS INCR \$9500 TOTAL \$10,000		
		HW 04 15 REFRIGERATED PRODUCTS	AMT \$	5,000
		HO 24 82 PERSONAL INJURY		
		HO 04 55 IDENTITY FRAUD EXPENSE COVERAGE	AMT \$	15,000
		HO 04 43 R/C LOSS STLMT NON-BLDG STRUCTURES		
HO 04 16	10 00	PREMISES ALARM OR FIRE PROT. SYSTEM	CREDIT \$	953.00
		20 PERCENT CREDIT		
HO 04 27	04 02	LIMITED FUNGI, ROT OR BACTERIA COV	PREMIUM	NIL
		\$5,000 PROPERTY DAMAGE \$50,000 LIABILITY		
COVERAGE E OR F INCREASE			PREMIUM \$	10.00
		TOTAL PREMIUM		\$ 3,954.00
		TWO PAY SINGLE BILL	-----	

- PLEASE NOTE -

MATURE HOMEOWNERS SAVINGS APPLIES

FORM HO 04 95 10 00 HAS BEEN DELETED FROM THE POLICY

FORM HW 05 59 07 07 HAS BEEN ADDED TO THE POLICY

SECTION I COVERAGES HAVE BEEN CHANGED

FORM HW 01 22 01-08 REPLACES CURRENT VERSION

THE FOLLOWING ITEMS ARE ENCLOSED FOR YOUR REVIEW.

CAF-1363-0

IMPORTANT RENEWAL INFORMATION

PLA-67-8

NOTICE REGARDING USE OF CONSUMER REPORTS

PLA-203-0

PRODUCER COMPENSATION NOTICE